

A F F I D A V I T

NOTICE TO SHOW CAUSE WHY REGISTRATION SHOULD NOT BE CANCELLED

I do solemnly swear or affirm that I am a citizen of the United States; that I do reside and have resided in the State of Illinois since _____, and in the _____ precinct of
(insert month, day, year)
the _____ ward, in the city, village, incorporated town or town of _____
in said county and state, since _____, and that I am _____ years of age, and
(insert month, day, year)
that I am the identical person registered in said precinct under the name I subscribe hereto.

Signature of Applicant

Subscribed and sworn (affirmed) to before me on _____.
(insert month, day, year)

(SEAL)

(Signature of Person Authorized to Administer
Oaths in Illinois)

(Title)